

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

| Matthe | w A. Brown, Secretar | y of State | | | 401.222,309 |
|----------------------------------------------------------|-------------------------------|---------------------------------------|-----------------------------|-------------------------|----------------------------|
| PROFIT COR Filling Period: January (FORM MUST HE TYPED O | y 1 - March 1 • | NNUAL REPOR' | I FOR THE YEAR | 20 | 005 |
| 1. Corporate ID No. | 2. Name of Corpo | ration | - | | <u> </u> |
| 8899 | SAVINI'S F | AMILY RESTAURANT, INC. | | | |
| 3. Street Address Principal B | usiness Office | reet | Woonsoc Ket | State RI | 0 2895 |
| 4. Business Phone No. | | 5. State of Incorporation | - | - | 6. SIC Code |
| 401-762 | | RHODE ISLAND | | | 3079 |
| 7. Brief Description of the Ch RESTAURANT/LC | | ed in Rhode Island | | | |
| 8. NAMES AND ADDR | ESSES OF THE OFFIC | CERS: ("X" BOX FOR ATT | _ | ACES BEFORE US | SING ATTACHMENTS |
| President Name | _ | | Vice President Name | | • |
| Roger | A. Savir | ù | Micheline | <u>y.</u> Sa | VINI |
| Street Address Kno | Ilridge Dr. | - | Street Address 233 Kno 1/ri | dye Dri | |
| No. Smithfie | d State RI | 12896 | No 5 mithfield | / State RI | zip 02896 |
| Secretary Name Micheline | v. Savin | <i>i</i> | Roger A. | Savini | |
| Street Address Knell | idge Drive | | Sirver Address / Dollris | dge Dri | ive |
| No. Smithie | State RESSES OF THE DIRE | 24p 12896 CTORS: ("X" BOX FOR A | NO. Smithield | State R SPACES BEFORE | 02896 USING ATTACHMENTS |
| Director Name | J. O'Co | ` | Director Name | | |
| Street Address P. O. BOX 7 | | | Street Address | | |
| Cumberlan | d State | 7.1p 2864 | City | State | Zip |
| Director Nume | 1(1.:: | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHOR | RIZED <i>("X" BOX FOR</i> | ATTACHMENT) | 11. SHARES ISSUED (*. | X" BOX FOR ATT | ACHMENT) [|

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Par Value

Number of Shares

100

| File Date | 2-10-05 |
|-----------|---------|
| Check No | 3636 |
| Ву: | KB |

FOR SECRETARY OF STATE USE ONLY

Class/Series

Number of Shares

600 NO PAR VALUE

| | - |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Under penalty of perjury, I declare and affirm that I had including any accompanying schedules and statements contained herein are true and correct. | ive examined this report s, and that all statement |
| Michiline & Seveni | 2-10-05 |
| Signature of Officer | Date |
| Micheline Y. Savini | |
| Print or Type Name of Officer Vice President | |
| Title of Officer | |

Class/Series

Common

Par Value

WITHOUT

par value



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Providence, RI 02903-1335

Matthew A. Brown, Secretary of State

100 North Main Street 401.222.3040

Corporations Division

| . Corporate ID No. | 2 Name of Corpor | ation | - | | l | | |
|----------------------------------------------------|----------------------------|----------------------------------|---------------------|-------------------------------------|----------------------------|--|--|
| 8899 | 1 | SAVINI'S FAMILY RESTAURANT, INC. | | | | | |
| . Street Address Principal Busine | | | City | State | <i>7.</i> гр | | |
| | 476 Pa | thhun Street | Woonsocket | RI | 02895 | | |
| . Business Phone No. | | 5. State of Incorporation | | | 6. SIC Code | | |
| 401- <u>76</u> | | RHODE ISLAND |) | | 3079 | | |
| Brief Description of the Charac RESTAURANT/LOUN | IGE [*] | | | | _ | | |
| . NAMES AND ADDRESS | ES OF THE OFFICE | ERS: ("X" BOX FOR ATT | ACHMENT) FILL IN | SPACES BEFORE USIN | G ATTACHMENTS | | |
| resident Name | _ | | Vice President Name | | | | |
| Roger | A Savini | | Micheline Y S | Savin <u>i</u> | | | |
| Ireet Address | | | Street Address | | | | |
| | ollridge Dr | | 233 Knollride | | 7/0 | | |
| ity . | State | Zıp | No Smithfield | State RI | 7.ip | | |
| NoSmithfield | RI | L02896 | ; Treasurer Name | T | J 02896 | | |
| Micheline Y.S. | avini | | Roger A Savini | | | | |
| treet Address | _ | | Street Address | | | | |
| 233 Knollridg | e Drive | | 233 Knollride | | | | |
| No Smithfield | State RI | <i>Zip</i> 02896 | City | State | Zip | | |
| | • | TORS: ("X" BOX FOR A | : No Smithfield | d RI IN SPACES BEFORE US | 1 02896 ING ATTACHMENTS | | |
| Director Name | es of the Direc | TORS. (A BOX TOR A | Director Name | • • • • • • • • • • • • • • • • • • | | | |
| William J O'C | Oin | | | | | | |
| ireei Address | | | Street Address | | | | |
| P O Box 7634 | | | | | · | | |
| Tity | State | Zip | City | State | Zip | | |
| Cumberland | RI | J0286 <i>4</i> | | . | | | |
| Hrector Name | | | Director Name | | | | |
| ireet Address | | | Street Address | | | | |
| Tity | State | Zíp | City | State | Zip | | |
| 0. SHARES AUTHORIZI | ED <i>(*X* BOX FOR</i> | ATTACHMENT) | 11. SHARES ISSUED | ("X" BOX FOR ATTAC | | | |
| AUTHORIZED SHARES | • | , _ | ISSUED SHARES | | | | |
| | Class/Series | Par Value | Number of Shares | Class/Scries | Par Value | | |
| Number of Shares | 600 NO PAR VALUE | | | | Without par | | |

FOR SECRETARY OF STATE USE ONLY

| Under penalty of perjury, I declare and affirm to including any accompanying schedules and sta | |
|------------------------------------------------------------------------------------------------|------------|
| contained herein are true and correct. | - |
| Milianlin) 4 Santa Signosure of Officer | n: 2-11-04 |
| Signature of Officer | Date |
| Micheline Y Savini | 2/11/04 - |
| Print or Type Name of Officer Vice President | |
| T | |

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00



| FORM A | ULIST RF 1 | CYPED OR I | PRINTED. | IN BLACK) | |
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|--------|----------|--------|---------|--------|-----|
| 1. Cor | norate i | D No. | | | 2. |

2. Name of Corporation

8899

SAVINI'S FAMILY RESTAURANT, INC.

3. Street Address Principal Business Office

City

Woon

State

Zip

4. Business Phon 7,6 RATHBUN St

5. State of Incorporation

RI

្តបូ2<u>8</u>95

401-762-5114

RHODE ISLAND

3079

7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Street Address Roger A Savini

233 Knollridge Drive

Zip

233 Knollridge Drive

Zip

No Smithfield RI 02896 -

No Smithfield

Micheline Y Savini

R· I

02896....

Secretary Name

City

City

Micheline Y Savini

Street Address

Sane as above

Roger A Savini

Director Name

Street Address

Same as above

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

William J O'Coin

Street Address

P O Box 7634

Zip

City

State

Zip

Director Name Cumberland R I

600 NO PAR VALUE

Director Name Street Address

Street Address

City

State

ZIp

City

State

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ESSUEED SHARES

Par Value

Number of Shares

100

Common

Class/Series

without

par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:

Check No :

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Roger A Savini President

Title of Officer **47⊅** 5

2003

Savini's Restaurant, Inc. 476 Rathbun Street Woonsocket, R I 02895

March 22, 2003

State of Rhode Island & Providence Plantations Corporations Division 100 North Main Street Providence, R I 02903-1335

To Whom it May Concern:

A brief description of the character of business is as follows:

Jamie

A full scale restaurant doing business with transit and banquet facility since 1980.

Thank you.

Sincerely,

SAVINI'S REST., INC.

Roger A.Savini

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate II) No.

2. Name of Corporation

8899

SAVINI'S FAMILY RESTAURANT, INC.

3. Street Address Principal Business Office

Woonsocket

City

State

Zip

4. Austress 4.7.6 No Rathbun Stteet

5. State of Incorporation

RI

02895

401-762-5114

RHODE ISLAND

6. SIC Code

3079

7. Brief Description of the Character of Business Conducted in Rhode Island

| 8. NAMES AND ADDRESSES OF | THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS |
|---------------------------|---------------------------------------|-----------------------------------------|
| Decetification Means | Att. 0 | and Arriva Add |

President Name

Roger A. Savini

Street Address

Cliv

233 Knollridge Drive

N.Smithfield R I

02896

Secretary Name

Street Address Micheline Y Savini

save as abovsia

Zio

Micheline Y Savini

Street Address

233 Knollridge Dr

N.Smithfield

R.I.

Zip

02896

Treasurer Name

Roger A Savini

Street Address

same as above

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Director Name

Director Name
William J O'Coin

Street Address

P O Box 7634

City

State

Zip

Director Name Cumberland

RI

02864

Director Name

Street Address

Street Address

Street Address

City

600 NO PAR VALUE

State

210

Cin

State

2.10

10. SHARES AUTHORIZED (*x* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

LISUTED SHARES

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Number of Shares

Class/Series

Par Value

100

Common

without par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

3/1/02

3/1/02

Roger A Savini Print or Type Name of Officer

President Title of Officer **€**50 5

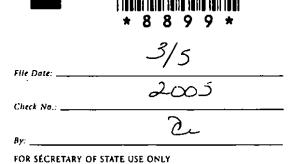
Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| ming . | triou. | , , | 1 - 191 11 7 6 71 | 1 1111113 | 3 50.0 |
|--------|--------|-----|-------------------|---------------|-------------------|
| | | | | | |

| IFORM MUST | | | | | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|
| | BE TYPED IN BLACK) | -al | | | |
| 1. Corporate ID | No. 2. Name of Carpor 8899 SAVINI'S | FAMILY RESTAURANT | , INC. | | |
| 3. Street Addres | ss Principal Business Office | | City | State | Zip |
| 4. Business Pho | 476 Rathbun Stree ^{me No.} 401-762-5114 | 5. State of Incorporation RHODE ISLAND | Woonsocket | RI | 02895 * 307% |
| 7. Brief Descrip | tion of the Character of Business Conducted | in Rhode Island | | | |
| 8. NAMES President Name | AND ADDRESSES OF THE OF | FICERS ("X" BOX FOR ATTACH! | MENT) FILL IN SPACES BEF | ORE USING ATTAC | HMENTS |
| Street Address | Roger A. Savini | | Micheline Y. Sa | avini | |
| | 233 Knollridge Dr | ive | 233 Knollridge | Drive | |
| City | N.Smithfield R I | ^{Zip} 02896 | N.Smithfield | R I | ^{Zip} 02896 |
| Secretary Name | | | Treasurer Name | • | • |
| Street Address | Micheline Y.Savin | | Roger A. Savin | i | |
| City | 233 Knollridge Dr | IVE Zip | 233 Knollridge | Drive State | · Zip |
| | N.Smithfield R I | 02896 | N.Smithfield | RI | 02896 |
| | AND ADDRESSES OF THE DIF | RECTORS ("X" BOX FOR ATTAC | | EFORE USING ATTA | CHMENTS |
| Director Name | | | | | |
| | | | Director Name | | |
| Street Address | Roger A.Savini | | Micheline Y.Sa | vini | |
| | Same as above | | Micheline Y.Sa Street Address : same as above | | |
| Street Address | _ | Zip | Micheline Y.Sa | vini State | Zip |
| | Same as above | Zip | Micheline Y.Sa Street Address : same as above | | Zip |
| City | Same as above | Zip | Micheline Y.Sa Street Address : same as above : City | | Zip |
| City Director Name | Same as above | Zip | Micheline Y.Sa Street Address : same as above City Director Name | State | 7.1p |
| City Director Name | Same as above State William J.O'Coin P O Box 7634 State | Zip | Micheline Y.Sa Street Address : same as above City Director Name | | Zip |
| City Director Name Street Address City | Same as above State William J.O'Coin P O Box 7634 State Cumberland R I S AUTHORIZED ("X" BOX FOR AT | ^{Zip} 02864 | Micheline Y.Sa Street Address : same as above City Director Name Street Address | State | i Zip |
| City Director Name Street Address City 10. SHARES | Same as above State William J.O'Coin P O Box 7634 State Cumberland R I S AUTHORIZED ("X" BOX FOR AT | ^{Zip} 02864 | Micheline Y.Sar Street Address : same as above : City Director Name Street Address City 11. SHARES ISSUED (*x** E | State | i Zip |



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

| Signature of Afficer | Date |
|-------------------------------|---------|
| ROGER A. SAVINI | 2/28/01 |
| Print or Type Name of Officer | |

PRESIDENT

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| (FORM MUST BE TYPED IN BLA | CKV |
|----------------------------|-----|
|----------------------------|-----|

1. Corporate ID No.

2. Name of Corporation

8899

SAVINI'S FAMILY RESTAURANT, INC.

| 3. Street Address Principal i | Business Office | |
|-------------------------------|-----------------|--|
|-------------------------------|-----------------|--|

State

02895

476 Rathbun Street 4. Business Phone No.

5. State of Incorporation RHODE ISLAND RI 6. SIC Code

3079

401-762-5114 7. Brief Description of the Character of Business Conducted in Rhode Island

Restaurant/Lounge

FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Roger A Savini

Vice President Name Micheline Y Savini

Street Address

233 Knollridge Drive

Street Address

Woonsocket

233 Knollridge Drive

State City

02896

R T

02896

No Smithfield R I Secretary Name

Micheline Y Savini

Roger A Savini

Street Address

No Smithfuekd

233 Knollridge Drive

Street Address

City

233 Knollridge Drive

No Smithfield 02896

FILL IN SPACES BEFORE USING ATTACHMENTS

^{zıp}02896

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Roger A Savini

No Smithfield

Director Name

Micheline Y Savini

Street Address

233 Knollridge Drive

Street Address

233 Knollridge Drive

City No Smithfield RI

No Smithfield

02896

Director Name

William J O'Coin

Director Name Street Address

Street Address 0 Box 7634

City

Cumberland . R I

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

02896

02864

ISSUED SHARES

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

R T

Par Value

Number of Shares

Class/Series

Par Value

600 NO PAR VAL

100

Common

without par

value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Savini Roger

Print or Type Name of Officer

President/Treasurer

1/22/00

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILAM READ INSTRUCTIONS

| (FORM MUST BE TYPED IN BLA | | | | | |
|---------------------------------------|----------------------------------------|----------------------------------------|-----------------------------------------------|-----------------------|---------------------------------------|
| 1. Corporate ID No. | 2. Name of Corpora SAVINI'S F. | AMILY RESTAURANT, | INC. | | |
| 3. Street Address Principal Business | Office | | City | 1 State | TZIP |
| 476 Rathbu | n St. | | Woonsocket | f R.I. | 02895 |
| 4. Business Phone No. 401-762-5114 | | 5. State of Incorporation RHODE ISLAND | , | | 6. SIC Code |
| 7. Brief Description of the Character | | | , - · · · · - | | 3079 |
| Restaurant-L | | in knope isiana | | | |
| | | ICERS (*X" BOX FOR ATTACH | IMENT) FILL IN SPACES BE | FORE LISING ATTAC | HMENTS |
| President Name | | | Vice President Name | TORE OBITO AT IAC | 1 |
| Roger A. Sav | ini | | . Micheline Y, | Savini | (|
| Street Address | aa Deiss | • | Street Address | · | · · · · · · · · · · · · · · · · · · · |
| 233 Knollrid | | | 233 Knollrid | | |
| No.Smithfield | State R.I. | ^{zip} 02896 | No.Smithfield | State R. I. | , 02896 |
| Secretary Name | ······································ | | Treasurer Name | | 02030 |
| Micheline Y. | Savini | | 1 | m.i | • • |
| Street Address | • | • | Roger A. Savi | <u> </u> | |
| 233 Knollrid | ge Drive | | 233 Knollridg | e Drive | į |
| City | State | Zip | City | State | ZIP |
| No.Smithfield | R.I. | 02896 | No.Smithfield | | 02896 |
| 9. NAMES AND ADDRESS Director Name | SES OF THE DIR | ECTORS ("X" BOX FOR ATTA | CHMENT) FILL IN SPACES | BEFORE USING ATTA | CHMENTS |
| _ | | | Director Name | | |
| Roger A, Sav | ını | | Micheline Y., | Savini | |
| 233 Knollrid | ge Drive: | | 233 Knollridg | a Drivo | |
| City | State | Zip | City | State | Zip |
| No.Smithfield | R.I. | 02896 | No.Smithfield | R.I. | 02896 |
| Director Name | | | Director Name | | |
| William J. O'Ce | oin | | · • • · · · · · · · · · · · · · · · · · | | * * * * * * * * * * * * * * * * * * * |
| P.O.Box 7634 | | | * Street Address | | |
| City | State | Zip | City | - • State • • • | ···· , Zip |
| Cumberland | R.I. | 02864 | i cay | | 219 |
| 10. SHARES AUTHORIZED | O ("X" BOX FOR ATT | | 11. SHARES ISSUED ('X' | ROX FOR ATTACHMENT) | |
| AUTHORIZED SHARES | | • | ESUED SHARIS | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| ROO NO DAD VAL | | | 1 | - | |
| 600 NO PAR VAL | | • | 100 | Common | Without |
| | | | 1 | | Par Value |
| The second second | | | | | <u> </u> |
| inis report must be signe | ed in ink by eith | ier the President, Vice P | resident, Secretary, Assista | int Secretary, Treasu | rer, Receiver or Trust |
| * 188181 | | | | | |

| | * 6 6 9 | у ж |
|------------|---------|---------------|
| File Date: | 1-11-99 | |
| | 4920 | _ |
| Check No.: | An Y | 1/1/ |
| By: | FRUIT F | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

ROGER A. SAVINI

Print or Type Name of Officer

PRESIDENT Title of Officer

1/3/99

fames R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

STOP
PIF ST RUMP
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)
1. Corporate ID No.
2. Name of Corporation

| 3. Str. 8899 ress Principal Business Office SAV | 'INI'S FAMILY RESTAURA | NT, INC, | State | Zip |
|----------------------------------------------------------------|----------------------------------|------------------------------------------------------------|----------------|----------------------|
| 476 Rathbun Street | S. State of Incorporation | Woonsocket | R.I: | 02895 6. SIC Code |
| 401-762-5114 7. Brief Description of the Character of Business | Conducted in Rhode Is BHODE ISLA | AND · | | 3079 |
| 8. NAMES AND ADDRESSES OF T. President Name | HE OFFICERS ("X" BOX FOR ATT | "ACHMENT) Vice President Name | | , |
| Roger A. Savini Street Address | | Micheline Y.Sa | vini _ | |
| 233 Knollridge Dri | ive Zip | 233 Knollridge | Drive State | Z (p |
| No.Smithfield F | R.I. 02896 | No. Smithfield Treasurer Name | R.I. | 02895 |
| Micheline Y.Savini | i | Roger A.Savini Street Address | | |
| 233 Knollridge Dri | | 233 Knollridge | | |
| City State No.Smithfield R. | . I . | No.Smithfield | State R.I. | 21p 02896 |
| 9. NAMES AND ADDRESSES OF TI | HE DIRECTORS ("X" BOX FOR A | | • | ***** |
| Roger A.Savini Street Address | | Micheline Y.Sa Street Address | vini | |
| 233 Knollridge Dri | ve | 233 Knollridge | Drive | |
| City State | Zip | City | State | Zip |
| No. Smithfield R.I. Director Name | 02896 | No. Smithfield Director Name | R.I. | 02896 |
| William J.O'Coin | | Street Address | | |
| P.O.Box 7634 | ; Zip | City | State | Zip |
| Cumberland R. 10. SHARES AUTHORIZED (*x* BOX | .I. 02864 | 11. SHARES ISSUED (*X* B | | |
| AUTHORIZED SHARES | | ISSUED SHARES | | |
| Number of Shares Class/Se | ries Par Value | Number of Shares | Class/Series | Par Value |

600 NO PAR VAL

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

| | * 8 8 9 9 * | | | | | | |
|--------------|------------------------|--|--|--|--|--|--|
| File Date: | 3/11/98 3/16 | | | | | | |
| Check No.: _ | 7134 | | | | | | |
| Ву: | ICID | | | | | | |
| FOR SECRET | TARY OF STATE USE ONLY | | | | | | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained before are true and correct.

1 A

Roger A. Savini
Print or Type Name of Officer

_3/11/98 _____



President / Pasurer



Jumes R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

8899

SAVINI'S FAMILY RESTAURANT, INC.

3. Street Address Principal Business Office

Woonsociet

State

02895

476 Rathbun Street

S. State of Incorporation

City

R.I.

6. SIC Code

ZIP

401-762-5114

RHODE ISLAND

3079

7. Brief Description of the Character of Business Conducted in Rhode Island

Restaurant-Lounge

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Vice President Name Micheline Y. Savini

Roger A. Savini Street Address

233 Knollridge Drive

City

R.T.

02896

233 Knollridge Drive

233 Knollridge Drive

Roger A. Savini

Micheline Y. Savini

233 Knollridge Drive

No.Smithfield R.I.

Zip 02896

No.Smithfield Secretary Name

Micheline Y. Savini

Street Address

233 Knollridge Drive

R.I.

02896

No.Smithfield

No.Smithfiled

Street Address

Treasurer Name

Street Address

Street Address

Director Name

Street Address

City

R.I.

02896

02896

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name

Director Name

Roger A. Savini

No.Smithfield

Street Address

City

233 Knollridge Drive

Zip R.I.

02896

No.Smithfield Director Name

William J. O'Coin

Street Address

P.OBox 7634

Cumberland

R.I.

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES

Number of Shares

Class/Series

Par Value

02864

Number of Shares

Class/Series

R. I.

Par Value

600 NO PAR VAL

100

Common

without par

value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

ROGER A. SAVINI

Print or Type Name of Officer

FRESIDENT/TREASURER

1/10/97

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1 Filing Fee: \$50.00

| . CORPORATE ID NO. | 2 NAME OF CORPORATION | PLEASE TYPE OR | PRINT IN BLACK INK. | | |
|------------------------------------------|--------------------------|---------------------------|---------------------|----------------|---------------------------------------|
| 8899 | 1 | 'S FAMILY RESTA | MIDANT INC | | |
| STREET ADDRESS PROVOPAL BUSINESS OFFIC | | . 5 FAMILI RESTA | on on | STATE | ₹ZIP COO€ |
| 476 RATHBUN S | TREET | · | WOONSOCKET | R.I. | 02895 |
| BUSINESS PHONE NO. | | 5. STATE OF INCORPORATION | | 1 11 11 1 | 6. SIC CODE |
| 401-762-5114 RHODE IS | | | CLAND | | |
| BRIEF DESCRIPTION OF THE CHARACTER OF BU | SWESS CONDUCTED IN RHOOE | givin and a | | | |
| RESTAURANT-LO | UNGE | | | | |
| ESIDENT HANE | 8 . N A | MES AND ADDR | ESSES OF THE OFFI | CERS | · · · · · · · · · · · · · · · · · · · |
| ROGER A. SAVI | NI | | MICHELINE Y | SAVINI | |
| 233_KNOLLRIDG | E_DRIVE | T-A-A-A- | 233_KNOLLRII | OGE_DRIVE_ | |
| " NO:SMITHFIELD | | 02896 | NO.SMITHFIELD | R.I. | 2P CODE 02896 |
| CRETARY NAME | | | TREASURER NAME | | |
| MICHELINE Y. | SAVINI | | ROGER A. SAVIN | VI | |
| REET ADDRESS | E DDTUS | | STREET ADDRESS | | |
| 233 KNOLLRIDG | E DRIVE STATE | ZIP COOE | 233 KNOLLRIDGE | STATE | ZIP CODE |
| NO.SMITHFIELD | R.I. | 02896 | NO.SMITHFIELD | R.I. | 02896 |
| | | | ESSES OF THE DIRE | | 0.000 |
| ECTOR HAME | | | ORECTOR NAME | | |
| ROGER A. SAVINI | | | MICHELINE Y. SA | VVINI | |
| 233 KNOLLRIDGE | DRIVE | • | 233 KNOLLRIDGE | DRIVE | |
| Υ | STATE | ZIP COOE | αn | STATE | ZIP C006 |
| VO.SMITHFIELD | R.I. | 02896 | NO.SMITHFIELD | R.I. | 02896 |
| VILLIAM J. O'CO | IN | | , unculum name | | |
| REET ADDRESS | | | STREET ACCORESS | | · · · · · · · · · · · · · · · · · · · |
| P.O.BOX 7634 | l etan | 1 hn coor | | | |
| CUMBERLAND | R.I. | 21P C00E | ury | STATE | ZIP COOE |
| CHURCHEN | 1 0 . S I | 02864 | IZED AND ISSUED | <u> </u> | |
| . | AUTHORIZED SHARES | | TECO AND 1550EU | ISSUED SHARES | |
| MUMBER OF SHARES | CLASS / SERTES | PAR VALUE | MUMBER OF SHARES | CLASS / SERIES | PAR VALUE |
| 600 NO PAR V | AL | TV: | 100 | COMMON | WITHOUT PAI |
| | | | | | AVPOE |
| | | | | | |
| | | | 4 | | 1 |

File Date: 3/11/96
Check No: 5685
By:
For Secretary of State Use Only

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

ROGER A. SAVINI

Print or Type Name of Officer

PRESIDENT/TREASURER 1/19/95
Title of Officer Date

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

| | 1895 |
|----------------------------------------------------------------------------------|-----------------------------------------------------|
| Corporate ID: 008879 Annual Report for the | vear a / / / |
| Corporate ID: 0008899 Annual Report for the | |
| Name of Corporation: | ROST Inc. |
| Business entity organized under the laws of the State of: Business Entity is (c | check one): |
| | oration (See RIGL Chapter 7-1.1) |
| | ervice Corporation (See RIGL Chapter 7-5.1) |
| | |
| | he character of business conducted in Rhode Island: |
| Phone: () | TAUNDAN 1- LOURJE |
| Address and telephone of the principal office of business entity in Rhode | |
| Island (Provide street address - Not P.O. Box): | |
| Moon. Q.I. | |
| 02895 | |
| Phone: () | |
| | ······ |
| THE NAMES OF THE OFFICERS ARE: PRESIDENT STREET ADDRESS | CITY/STATE ZIP CODE |
| PRESIDENT 373 500 1/10 M | (car) Mis the 11DT |
| VICE PRESIDENT STREET ADDRESS | CITYSTATE ZIP CODE |
| Mil belino 4 SAVIND33 Knollridge | Do Non the fill RT 02 |
| SECRETARY STREET ADDRESS | COTY/STATE ZZZ COOK |
| Mi heline (Davini - 33 Knolkidge | In No Son HAId CAT 028 |
| TREASURER STREET ADDRESS | CITY STATE ZIP CODE |
| Jana 1. JAVINI 233 BNO//RIDGE | K No Smith VER KI |
| THE NAMES OF THE DIRECTORS ARE | |
| NAME STREET ADDRESS | CITY/STATE ZIP CODE |
| NAME STREET ADDRESS NAME | CITYSTATE ZIP CODE |
| NAME STREET ADDRESS | Uns 11 PillDY 17 KAS |
| NAME STREET ADDRESS | CITYSTATE ZUP COOPE |
| Milliam T Ocain To. PABOX T | 634 Cumbraland KI |
| | 02864 |
| NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES I | ISSUED AND OUTSTANDING (Rider may be attached) |
| Number of Shares Class / Series Number of Shares | Class / Series |
| 600 Common 100 withtouthon Value | Common |
| 1000000 11.1 | |
| withtoutes UALLUS | Withoutdan |
| | NACLE |
| 9 0 - C- London | Se |
| Date 7 - 25 , 19 9 5 By: | SA UTIVI PRES. |
| PRINT OR TYPE NAME OF OFFICER SIGNING | |
| Form 31 1/95 TITLE OF OFFICER SIGNING | - |

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FILED SEP 25 1995 By 1(P#30-5377 Filing Fee \$50.00 Payable to Secretary of State

PLEASE TYPE or PRINT

File Annually LLC, Sept. 1 - Nov. 1 CORP, Jun. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

| 0008839 Согрогаte ID | Annual Report for the yea | nr:1994 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------|
| | • | MILY RESTAURANT, IN | 1C . |
| Name of Business Entity: | | | |
| Business entity organized under the laws of the State of $[-R_{+}I_{+,z}]$ | Business Entity is (chec | | |
| Federal Taxpayer Identification Number | The state of the s | orporation (See RIGL Chapter 7-1-1) ii Service Corporation (See RIGL Chi | ipter 7 5 1) |
| For foreign entity, address and telephone number of principal office: 476 RATHBUN STREET | [] I muted Lia | ability Company (See RIGL 7-16) address of contact person to whom | • |
| WOONSOCKET, R. I. 02895 | communications may b | | |
| · · · · · · · · · · · · · · · · · · · | | N ST | |
| Phone (401) 762-5114 | | JN ST | |
| Address and telephone of the principal office of business entity in Rhode | | | |
| Island (Provide street address - Not P O. Box). SAME AS ABOVE | Brief statement of the c | haracter of business conducted in Rho | ode Island: |
| | | <u>-</u> | |
| <u></u> | Date of Organization _ | 10/9/80 | |
| Phone: 140/1762-5114 | Date of Qualification is | o do business in Rhode Island (if forei | go entity): |
| | | - ·-· · | |
| | OF THE OFFICERS ARE: | CONSTATE | Z P CUDI |
| Roger Savini <u>233 K</u> | | Smithfield, R. I. 0289 | |
| Micheline Savini Construction of Ricords on References and Street | EET ADDRES | CITYSTATE | · 2# COD |
| Micheline Savini | THE TADORESS | n n n | ZIF (300) |
| Roger Savini | <u> </u> | <u> </u> | |
| NAME STR | DETHE DIRECTORS ARE: | CITYATATE DO D. T. O.20 | ZIP COD |
| ROGER & MICHELINE SAVI | NI 233 KNOLLRIDGE | DRIVE.N.S., R.I.028 | <u> </u> |
| ····· • | | | |
| SAME STS | SZERODA TELEF | CHYNIATE | Me cox |
| NUMBER OF SHARES AUTHORIZED (If Applicable) | NUMBER OF SHARES I | SSUED AND OUTSTANDING (IT A | pplicable) |
| SUMBER 600 NO Par Comm | NUMBER | | |
| CLASS | : CLASS | 10H30 4863 | |
| SERIES | SERIES | | |
| PAR VALUE OR WITHOUT PAR | PAR VALUE OR WITHOUT PAR | | |
| Date /-/+95_19 | Loger a | Laurini | |
| Date | Pages d | Solini | <u> </u> |
| PKI | INTORTYPE NAME OF OPTICER SCRING | <u> </u> | |
| n | CHORDERSIONS | <u>. </u> | |
| • | | | |
| Form 31 - 1/94 | | | |

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form 4.1.0.3 must be filed

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

| Corporate ID 0008899 | | | Annual Report for the year 1993 | | | | | •• | | |
|-------------------------------|------------------------|-----------------|---------------------------------|---------------|----------|---------|-----------------------------------------|--------------|-----------------------------------------|--------|
| FIRST: The name of | of the corporation is | SAVIN | I'S FAMILY | RESTAUR | ANT, | INC. | ••••• | ****** | • • • • • • • • • • • • • • • • • • • • | •• |
| Second: It is income | rporated under the l | aws of | RHODE ISLAN | D | | •••••• | | •••••• | ••••• | |
| THIRD: Character of AND CARRY | of business, briefly s | | | | | | | | | |
| FOURTH: If foreign | corporation, addre | ss of its princ | cipal office | ••••• | ••••••• | ••••• | • • • • • • • • • • • • • • • • • • • • | ************ | | •• |
| Fifth: Business ad | dress in Rhode Islan | nd 476 Rat | hbun Street | , Woons | ocke | t, R. | I. 02 | 895 | | |
| SIXTH: Names and | addresses of its dire | ectors and of | | Address (incl | uding nu | | (Attach r | | necessar | y) |
| ROGER A. SAVINI | Di | irector | Knollridge | | | | | | | 96 |
| MICHELINE Y. SAVINI | Di | irector | Knollridge | Drive, | No. | Smith | field, | R. I | . 028 | 96 |
| WILLIAM J. O'COIN, | JR. | rector | P.O. Box 70 | 634, Cu | mber: | land,] | R. I. (| 02864 | | •• |
| ROGER A. SAVINI | _ | esident | Knollridge | Drive, | No. | Smith | field, | R. I | . 028 | 96 |
| MICHELINE Y. SAVINI | | | Knollridge | Drive, | No. | Smithi | field, | R. I | . 028 | 96 |
| MICHELINE Y. SAVINI | | | Knollridge | Drive, | No. | Smith | field, | R. I | . 028 | 96 |
| ROGER A. SAVINI | Se | easurer | Knollridge | Drive, | No. | Smithi | field, | R. I | . 028 | 96 |
| Seventh: Number | of Shares authorize | ed: | | | | | Par Va | | | |
| No. of Shares | Class | | Series | | | | shares are v par val | | | |
| 600 | Common | | | | Wi | ithout | Par Va | alue | | |
| EIGHTH: Number of | of Shares issued: | | | | | | Par Va | | | |
| No. of Shares | Class | | Series | | | | shares are v par val | | | |
| 100 | Common | | | | Wi | thout | Par Va | ılue | | |
| Pebruary Dated | 26, 1960 | (Nar | SAVINI'S I | FAMILY I | RESTA | urant, | INC. | | | •• |
| (Report must be | signed hyan officer | Title | PRESIDENT | . TAIVA | | | | | | |

| Filing Fee \$50.00 | | Cen 1800 | To be filed annually between January 1st and March 1st |
|------------------------|------------------------------|---------------------------------------------------------------------|---------------------------------------------------------|
| • State | | and Providence Plant | ations |
| • | 100 NORT | TIONS DIVISION H MAIN STREET RHODE ISLAND 02903 | |
| Corporate IDû | 0.08899 | Annual Report for th | ne year1992 |
| FIRST: The name of th | e corporation is | SAVINI'S FAMI | LY BESTAURANT, INC |
| SECOND: It is incorpor | ated under the laws of | RHODE ISLAND | |
| | | TO OWN, CONDUCT, MAN Y ON THE BUSINESS OF ESTAURANT BUSINESS. | AGE, OPERATE, A CAFE, TAVERN, |
| FOURTH: If foreign cor | poration, address of its p | orincipal office | |
| FIFTH: Business addres | s in Rhode Island 476 | Rathbun Street, Woo | nsocket, R. I. 02895 |
| SIXTH: Names and add | Iresses of its directors and | | (Attach rider if necessary) |
| ROGER A. SAVINI | Director | Knollridge Drive, | No. Smithfield, R.I.02895 |
| MICHELINE Y. SAVINI | Director | Knollridge Drive, | No. Smithfield, R.I.02895 |
| WILLIAM J. O'COIN, JE | R. Director | P. O. Box 7634, Cu | umberland, R.I. 02864 |
| ROGER A. SAVINI | President | Knollridge Drive, | No. Smithfield, R.I.02895 |
| MICHELINE Y. SAVINI | Vice Presid | ent Knollridge Drive, | No. Smithfield, R.I.02895 |
| MICHELINE Y. SAVINI | Secretary | Knollridge Drive, | No. Smithfield, R.I.02895 |
| ROGER A. SAVINI | Treasurer | Knollridge Drive, | No. Smithfield, R.I.02895 |
| SEVENTH: Number of S | Shares authorized: | | Par Value |
| No. of Shares | Class | Series | or statement that shares are without par value |
| 600 | Common | Rec'd & Filed MAR 1 | 1993 ithout Par Value |
| EіGнтн: Number of Sl | nares issued: | Heco | Par Value |
| No. of Shares | Class | Series | or statement that shares are without par value |
| 100 | Common | | Without Par Value |
| | | | 1 () () () () () () () () () (|
| Dated February 25, | | SAVINI'S FAMILY F | RESTAURANT, INC. |
| _ | | Roger A. Savini | |
| (Report must be signe | d by an officer) | Title President | 14 1 N 1 |

State of Rhode Island and Brovidence Blantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate IDQ | | Annual Report for t | he year1991 |
|----------------------|----------------------------------|-----------------------------------------|-------------------------------------------------------|
| FIRST: The name of | the corporation is | SAVINI'S FAMIL | Y RESTAURANT, INC |
| SECOND: It is incorp | orated under the laws of | RHODE ISLAND | |
| THIRD: Character of | business, briefly stated, is | to own, conduct, may on the business of | anage, operate, |
| | | on the business of estaurant business. | t a care, tavern, |
| FOURTH: If foreign c | orporation, address of its pr | rincipal office | |
| | | Social Street, Woo | , Jr., Esq. nsocket, R. I. 02895 |
| SIXTH: Names and ac | ddresses of its directors and | | (Attach rider if necessary) number, street, zip code) |
| ROGER A. SAVINI | Director | Knollridge Drive, | No. Smithfield, R.I.0289 |
| MICHELINE Y. SAVI | NI Director | Knollridge Drive, | No. Smithfield, R.I.0289 |
| WILLIAM J. O'COIN | J, JR. Director | P.O. Box 7634, Cur | mberland, R. I. 02864 |
| ROGER A. SAVINI | President | Knollridge Drive, | No. Smithfield, R.I.0289 |
| MICHELINE Y. SAVI | NI Vice Preside | nt Knollridge Drive, | No. Smithfield, R.I.0289 |
| MICHELINE Y. SAVI | NI Secretary | Knollridge Drive, | No. Smithfield, R.I.0289 |
| ROGER A. SAVINI | Treasurer | Knollridge Drive, | No. Smithfield, R.I.028 |
| SEVENTH: Number of | f Shares authorized: | £ ta | Par Value |
| No. of Shares | Class | Seriel 100 PAID | or statement that shares are without par value |
| 600 | Common | Seriel 14R 20 1997 SEC'Y OF STATE | Without Par Value |
| Еіднтн: Number of | Shares issued: | or _{Arx} | Par Value or statement that shares are without |
| No. of Shares | Class | Series | par value |
| 100 | Common | | Without Par Value |
| Dated February 2 | ²⁸ , ₁₉ 91 | SAVINI'S FAMILY | RESTAURANT, INC. |
| Dateu MAR | | Name of Corporation) | - 1 May 1 |

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID | ORRYY | ••••• | Annual Re | eport for the | yeari | <u>990</u> | 1 |
|---------------------------------------|------------------------------------------------------------|----------------|---------------------------------|---------------------|--------|---------------------------------|---------------|
| FIRST: The name of the corporation is | | | SAYINI'S FA | MILY.RES | JAUSA | NT, INC | |
| SECOND: It is inc | corporated under the la | ws of | RHODE IS | LAND | | ••••• | |
| THIRD: Characte | er of business, briefly st maintain and pub and gene | ı carry (| on the busi | ness or | a car | e, tavern, | |
| FOURTH: If forei | gn corporation, addres | s of its princ | cipal office | | | | |
| FIFTH: Business | address in Rhode Islan | d c/o | William J. | O'Coin, | Jr., | Esq. | |
| | Marquette Plaza | 191 S | ocial Stree | t, Woons | ocket | . R. I. 02 | 8.9.5 |
| SIXTH: Names a | nd addresses of its direc | ctors and of | | dress (including nu | ' | Attach rider if nece, zip code) | essary) |
| ROGER A. SAVI | NI Dir | rector | Knollridge | Drive, | No. S | mithfield, | RI 0289 |
| MICHELINE Y. | SAVINI Dir | rector | Knollridge | Drive, | No. S | mithfield, | RI 0289 |
| WILLIAM J. O' | COIN, JR. Di | rector | P.O. Box 7 | 634, Cum | berla | nd, RI 028 | 64 |
| ROGER A. SAVI | NI Pre | esident | Knollridge | Drive, | No. S | mithfield, | RI 0289 |
| MICHELINE Y. | SAVINI Vic | e President | Knollridge | Drive, | No. S | mithfield, | RI 0289 |
| MICHELINE Y. | CAUTHIT | cretary | Knollridge | | | | |
| ROGER A. SAVI | > | easurer | Knollridge | Drive, | No. S | mithfield, | RI 0289 |
| SEVENTH: Numb | per of Shares authorized | d: | | | | Par Value or statement that | |
| No. of Shares | Class | | Series | | ! | shares are without par value | |
| 600 | Common | | | | With | out Par Val | lue |
| Егдити: Numbe | er of Shares issued: | | Rec'd & Filed | Fra | •_ | Par Value or statement that | |
| No. of Shares | Class | | Series | FEB 27 | 199n | shares are without par value | _ |
| 100 | Common | | | • | With | out Par Vai | lue |
| Dated February | 22, 19 90 | | AVINI'S FAM me of Corpogration) | ILY REST | 'AURAN | T, INC. | |
| | | Ву. | Roge | De la company | | Server AFST. | W. W. Barrell |
| (D | | Tial | Preside | nt | | S | 5 |

Title.....

(Report must be signed by an officer)

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID | 0008899 | | Annual R | Report for the y | ear 1989 | | |
|-----------------------|-----------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|-------------------------------------------------------------------|----------------------------------------|--|
| First: | The name of the corporation is | 3 | CAUINITE CAMILY OCCTARDANT INC | | | | |
| Second | It is incorporated under the | laws of | Rhode Islan | nd | | | |
| THIRD: | Character of business, briefly s maintain and carry of general restaurant b | | | duct, mana a cafe, ta | ge, operate, vern, pub and | | |
| Fourth: | If foreign corporation, addre | ess of its prin | icipal office | ······································ | | ••••• | |
| Г ІГТН: | Business address in Rhode Isla | | cquette Pla: onsocket, R | • • • • • • • • • • • • • • • • • • • • | ocial Street, | ······································ | |
| Ѕіхтн: | Names and addresses of its dire | ectors and o | | ldress (including numb | (Attach rider if ne | cessary) | |
| ROGER A. | SAVINI D | irector | Knollridge | Drive, No | . Smithfield, | RI_02895 | |
| MICHELIN | JE Y. SAVINI D | irector | Knollridge | Drive, No | . Smithfield, | RI 02895 | |
| WILLIAM | J. O'COIN, JR. | irector | P.O. Box 76 | 634, Cumbe | rland, R.I. 0 | 2864 | |
| ROGER A. | SAVINI Pr | esident | Knollridge | Drive, No | . Smithfield, | RI 02895 | |
| MICHELIN | JE Y. SAVINI Vi | ce President | Knollridge | Drive, No | . Smithfield, | RI 02895 | |
| MICHELIN | IE Y. SAVINI | cretary | *************************************** | Drive, No | . Smithfield, | RI 02895 | |
| ROGER A. | CAUTHT | casurer | Knollridge | Drive, No | . Smithfield, | RI 02895 | |
| SEVENTH No. of Sha | | · / | Series | | Par Value or statement that shares are without par value | | |
| 600 | Common | HR 01 | D. | | Without Par | Value | |
| Еіднтн: | Number of Shares issued: | "HR 01 1989 | S. | (\sigma | Par Value or statement that shares are without | | |
| No. of Sha | | | Series | (A) | par value | | |
| 100 | Common | | | | Without Par | Value | |
| Dated | February 28, 19 ⁸⁹ | • • • • • • • • • • • • • • • • • • • • | GAVINI'S FAM | AILY RESTA | URANT, INC. | NAN STATE | |
| | | Ву | Kogen R | sieve | | | |

President

(Report must be signed by an officer)

Form 31 1/85

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

| Corporate ID 8899 | | Annual Report fo | r the year1988 |
|------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------|
| FIRST: The name of the | e corporation isSA | VINI'S FAMILY RESTA | URANT, INC. |
| SECOND: It is incorpor | ated under the laws of | Rhode Island | |
| THIRD: Character of b maintain and ca general restau | usiness, briefly stated, is arry on the bus rant business. | to own, conduct, iness of a cafe, tax | manage, operate, vern, pub and |
| FOURTH: If foreign con | poration, address of its | principal office | |
| FIFTH: Business addres | s in Rhode Island | arquette Plaza - 191 | l Social Street, |
| | Wo | oonsocket, Rhode Isl | land 02895 |
| SIXTH: Names and add | Iresses of its directors ar | | (Attach rider if necessary) ing number, street, zip code) |
| ROGER A. SAVINI | Director | Knollridge Drive. | No. Smithfield, R.I. 0289 |
| MICHELINE Y. SAVINI | Director | Knollridge Drive. | No. Smithfield, R.I. 0289 |
| WILLIAM J. O'COIN, JI | R Director | P. O. Box 7634. Ci | umberland, R. I. 02864 |
| ROGER A. SAVINI | President | Knollridge Drive, | No. Smithfield, R.I. 0289 |
| MICHELINE Y. SAVINI | Vice Presi | demnollridge Drive. | NoSmithfieldR.I 0289 |
| MICHELINE Y. SAVINI | Secretary | Knollridge Drive. | NoSmithfieldR.I 0289 |
| ROGER A. SAVINI | Treasurer | Knollridge Drive | NoSmithfieldR.I 0289! |
| SEVENTH: Number of S | Shares authorized: | | Par Value or statement that |
| No. of Shares | Class | Series | shares are without par value |
| 600 | Common | PAID | Without Par Value |
| | | FEB 3 1988 | <i>Res</i> |
| EIGHTH: Number of Sh | ares issued: | SEC'Y OF STATE | Par Value or statement that |
| No. of Shares | Class | Series 🔑 🕻 | shares are without par value |
| 100 | Common | ` | Without Par Value |
| DatedJanuary28, | 19 <u>.88.</u> | SAV.INI.'SFAMILYB (Name of Corporation) | ESTAURANT INC. PLA |
| Rec'd & Filed JAN 29 | 1988 | By Roger A. Savin | 1980 |
| (Report must be signed | by an officer) | Title PRESIDENT | 7.10x 10x 1 |

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

| Corporate ID 8899 | | Annual I | Report for the ye | ear 1987 | | |
|----------------------|----------------------------------------------------------|------------------------------------------|-----------------------------------------|---------------------------------|------------|--|
| FIRST: The name of | the corporation is SA | tion is SAVINI'S FAMILY RESTAURANT, INC. | | | | |
| SECOND: It is incorp | porated under the laws of | Rhode Islar | nd | | •• | |
| maintain and | f business, briefly stated, is carry on the business. | iness of a caf | fe, tavern, | pub and | | |
| FOURTH: If foreign | corporation, address of its | principal office | ••••••••••••••••••••••••••••••••••••••• | | •• | |
| FIFTH: Business add | ress in Rhode Island | arquette Plaza | a - 191 Soc | ial Street, | •• | |
| | Wo | oonsocket, Rho | ode Island | 02895 | · . | |
| SIXTH: Names and a | addresses of its directors ar | | ddress (including numbe | (Attach rider if necessary | ') | |
| ROGER A. SAVINI | Director | Knollridge D | Drive, No. | Smithfield, R.I. | 02895 | |
| MICHELINE Y. SAVINI | Director | Knollridge [| rive. No. | Smithfield, R.I. | 02895 | |
| WILLIAM J. O'COIN, | JR, Director | P. O. Box 76 | 34. Cumber | land, R. I. 0286 | 4 | |
| ROGER A. SAVINI | President | Knollridge I | Drive, No. | Smithfield, R.I. | 02895 | |
| MICHELINE Y. SAVINI | Vice Presi | de kn ollridgeI | rive, No. | Smithfield, R.I. | 02895 | |
| MICHELINE Y. SAVINI | Secretary | Knollridge | orive, No. | Smithfield, R.I. | .02895 | |
| ROGER A. SAVINI | Treasurer | Knollridge I | riveNo | Smithfield. R.I. | . 02895 | |
| SEVENTH: Number of | of Shares authorized: | | | Par Value or statement that | | |
| No. of Shares | Class | PAIR | | shares are without par value | | |
| 600 | Common | FEB 3 199 | R8 , | Without Par Value | е | |
| EIGHTH: Number of | Shares issued: | SEC'Y OF STA | ATE 1989 | Par Value or statement that | | |
| No. of Shares | Class | Series 🕻 | it's the | shares are without par value | | |
| 100 | Common | | 1 | Without Par Valu | е | |
| DatedJanuary20. | | SAVINI'S FA | MILY RESTA | URANT, INC | | |
| Rec'd & Filed JA | N 29 1988 | By Roger A. | Savini | | | |
| (Report must be sig | | Title PRESIDEN | | | | |

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MAIL PROVIDENCE, RHODE ISLAND 02903

| Corporate ID. | 8899 | | Annua | l Report for the y | ear 1986 | •••• |
|---------------|------------------------------------|-------------------------|----------------------------------|-------------------------------|-------------------------------------------------------------------|-------------|
| First: | The name of the corp | oration is SAV | INI'S FAMILY | RESTAURANT, IN | K. | |
| Second: | It is incorporated u | nder the laws of | Rho | xde Island | | |
| Third: | Character of business maintain and | s, briefly stated, is a | to own, cor business o | duct, manage of a cafe, to | e, operate, avern, pub and | |
| Fourth: | If foreign corporati | on, address of its p | rincipal office | | | ******* |
| Fігтн: 1 | Business address in R | hode IslandMar | quette Plaz | a - 191 Soc | ial Street, | •••••• |
| | | Woo | nsocket, Rh | ode Island | 02895 | |
| Sіхтн: 1 | Names and addresses | of its directors and | l officers: | Address (including numb | (Attach rider if necesser, street, zip code) | essary) |
| ROGER A. S | SAVINI | Director | Knollridge | Drive, No. | Smithfield, R | 02895 |
| MICHELINE. | Y. SAVINI | Director | | | Smithfield, R | |
| | o'coin. Jr. | | | | berland, R.I. | 02864 |
| | SAVINI | | | • | Smithfield, R | 02895 |
| | | | Knollridge | Drive, No. | Smithfield, R | 02895 |
| | | | Knollridge | Drive No | Smithfield, R | , 02895 |
| | . SAVINI | • | | | | 02005 |
| ROGER A. SA | | Treasurer | <u>kuotttiage</u> | ntine' wo. | Smithfield, R | ·•.±.• |
| SEVENTH: | | authorized: | Serie | s | Par Value or statement that shares are without par value | |
| 600 | | Common | 3 | Without | Par Value | |
| Еіднтн: | Number of Shares is | ssued: | PAID | | Par Value or statement that | |
| No. of Shar | res | Class SEC'Y | 30 19 86 serie DFSTATE | · · | shares are without par value | |
| 100 | | Common | PSTATE | Without | Par Value | |
| DatedMa | OCT 01EN | | SAVINI'S FA | AMILY RESTAU | RANT, INC. | |
| (Rei | port must be signed by an | officer) | Roger A. Title PRESIDEN | Savini IT | | ******** |

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Uhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

Annual Report for the year

198**5/**

Par Value

\$80C

The name of the corporation is

SAVINI'S FAMILY RESTAURANT, INC.

Rhode Island SECOND: It is incorporated under the laws of

THIRD: Character of business, briefly stated, is to own, conduct, manage, operate, maintain and carry on the business of a cafe, tavern,

pub and general restaurant business.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

1625 Diamond Hill Road, Woonsocket, Rhode Island 02895

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Director

Name Office Address

Knollridge Drive, No. Smithfield, R.I. ROGER A. SAVINI

Knollridge Drive, No. Smithfield, R.I. MICHELINE Y. SAVINI Director

40 Metcalf Drive, Cumberland, R.I. WILLIAM J. O'COIN, JR. Director

Knollridge Drive, No. Smithfield, R.I. ROGER A. SAVINI President

Vice PresidentKnollridge Drive, No. Smithfield, R.I. MICHELINE Y. SAVINI

MICHELINE Y. SAVINI Knollridge Drive, No. Smithfield, R.I. Secretary

ROGER A. SAVINI Knollridge Drive, No. Smithfield, R.I. Treasurer (If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

or statement that shares are without par value No. of Shares Series

600 Without Par Value Common

EIGHTH: Number of Shares issued:

Par Value or statement that shares are without No. of Shares Class Series rar value

100 Common Without Par Value

RI Dated: February 27, 1984 SAVINI'S FAMILY RESTAURANT, INC.

(Name of-Corporation)

MAR 1 2 1984 for Titlepresipent

.

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation giving n for information. 277-3040

| / Fi | ling Fee \$15.0 | 00 | | | | | | | | nnually betw | |
|------|-----------------|---------------|-----------------------------------------|----------------|--------------------------------|-----------------------------------|-------------------|---------------|----------------------------------------|---------------------|-------------|
| | | Ş | State of R | | | end Provid e Roesnosnos | ence P la | enteti | | | , |
| | | | • | 27 | O WESTN | INSTER MALL IODE ISLAND 0290 |)3 | | | V | |
| C | orporate ID | 8899 | ****************** | | | Annua | l Report fo | r the ye | ar 1985 | ******************* | ••••• |
| | First: | The nan | ne of the corp | oration is | SAVIN | I S FAMILY R | estaurant | INC | ······································ | ************* | ••••• |
| ** | SECOND | o: It is i | ncorporated u | nder the law | ws of | Rhode | e Island | | | | |
| •• | Third: | Charac | ter of business | , briefly stat | ted, is the b | to own, cousiness of | onduct, a cafe | mana , tav | ge, oper ern, pub | ate, and | ••••• |
| | Fourth | i: If fore | eign corporati | on, address | of its p | rincipal office | •••••• | | 1(+ | | ****** |
| • • | Г ІРТН: | Business | address in R | hode Island | 1.6 | 25Diamond. | Hill R | pad, | | | |
| | | | **- > * * * * * * * * * * * * * * * * * | | W.Q | onsocket | Rhode I | sland | 02895 | ····· | * |
| | Ѕіхтн: | Names : | and addresses | of its direct | ors and | officers: | Address (inclu | ing numbe | (Attach 1 s, street, zip code) | ider if necess | • |
| ROS | GER A. S | | ******************* | Dire | ctor | Knollridge | | _ | • | | 02895 I. |
| MI | CHELINE | Y. SAV | /INI | Dire | ctor | Knollridge | Drive, | No. | Smithfie | eld, R. | ***** |
| WII | LLIAM J. | o'co | IN, JR. | Dire | ctor | 40 Metcalf | Drive, | Cumb | erland, | R. I. | 02864 |
| RO | GER A. S | SAVINI | epepsed (1994) | Presi | ident | Knollridge | Drive, | No. | Smithfie | eld, R. | ***** |
| | | | | | | Knollridge | Drive, | No. | Smithfie | eld, R. | 02895 |
| | | | /INI | | | Knollridge | | | | | U2893 |
| | | | >+(4>++(1++-)++4>+++++ | | | Knollridge | Drive, | No. | Smithfie | eld, R. | 02895 I. |
| | Sevent | н: Num | iber of Shares | authorized: | : | | | | Par Vr or statem | | |
| | No. of S | hares | | Class | | Serie | 3 | | bir Ai aprica etc | without | |
| | 600 | | | Common | 64 | | | With | out Par | Value | |
| | Еідитн | : Numb | er of Shares i | | 04/12/85 | | | | Par V: or statem | | |
| | No. of S | hares | | Class | | Sene | 3 | | Stares are | | |
| | 100 | | | Common | 64ID | | | Wit | hout Pa | r Value | |
| E | Dated | March | 1, | | APRE 15 CHEK 15 00844001 | SAVINI'S FA | sayin) | STAU | RANT, IN | С. | |

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations, OFFICE OF THE SECRETARY OF STATE

OFFICE OF THE SECRETARY OF STATE 1983 Annual Report for the year The name of the corporation is SAVINI'S FAMILY RESTAURANT, INC. Rhode Island SECOND: It is incorporated under the laws of to own, conduct, manage, THIRD: Character of business, briefly stated is to own, conduct, mand operate, maintain and carry on the business of a cafe, tavern, pub and general restaurant business. FOURTH: If foreign corporation, address of its principal office FIFTH: Business address in Rhode Island (blank reports will be mailed to this ddress) 1625 Diamond Hill Road, Woonsocket, Rhode Island 02895 SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Name Office Address Knollridge Drive, No. Smithfield, R.I. ROGER A. SAVINI Director Knollridge Drive, No. Smithfield, R.I. MICHELINE Y. SAVINI Director 40 Metcalf Drive, Cumberland, R. I. WILLIAM J. O'COIN, JR. Director Knollridge Drive, No. Smithfield, R.I. ROGER A. SAVINI President Vice President Knollridge Drive, No. Smithfield, R.I. MICHELINE Y. SAVINI Knollridge Drive, No. Smithfield, R.I. MICHELINE Y. SAVINI Secretary Knollridge Drive, No. Smithfield, R.I. Treasurer ROGER A. SAVINI (If additional space is needed, attach rider) SEVENTH: Number of Shares authorized: Par Value or statement that shares are without No. of Shares Class Series par value Common Without Par Value 600 EIGHTH: Number of Shares issued: Par Value or statement that shares are without par value No. of Shares Class Series Without Par Value 100 Common Ц 83 Dated: SAVINI'S FAMILY RESTAURANT, INC. March 19 83 (Name of Corporation) APR 1319 goger X.

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information, 277-3040

President

(Report must be signed by an officer)

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

| | | Ar | inual Report for t | he year 19 | 82 | |
|----------------|----------------|------------------------------------------------------|------------------------------------------|----------------------|-----------------------|------------|
| First: | The name of th | ne corporation is | | | | |
| | SAV | INI'S FAMILY | RESTAURANT, | INC. | | |
| SECOND: | It is incorpor | rated under the I | aws of Rhode | e Island | | |
| | | usiness, briefly st and carry on estaurant bus | ated is to own the business iness. | , conduct, of a cafe | manage, , tavern, | |
| Fourth: | If foreign c | orporation, addr | ess of its princip | al office | | |
| | | | | | | |
| Г ІРТН: | Business addre | ess in Rhode Isla | and (blank repor | ts will be ma | ailed to this | |
| address) 16 | 25 Diamond B | Hill Road, Wo | onsocket, Rho | de Island | 02895 | |
| Sixth: | Names and ad | dresses of its di | rectors and office | ers: | | |
| | (Addresses mu | ust include street and | number, if any) | | | |
| N | ame | Office | | Address | | |
| ROGER A. SA | VINI | Director Kno | llridge Drive | , No. Smit | hfield, R. I | • |
| ICHELINE Y | . SAVINI | Director Kno | llridge Drive | , No. Smit | hfield, R. I | : . |
| ILLIAM J. | O'COIN, JR. | Director 40 | Metcalf Drive | , Cumberla | nd, R. I. | |
| ROGER A. SA | VINI | President | Knollridge D | rive, No. | Smithfield, | R.I |
| MICHELINE Y | . SAVINI | Vice President | Knollridge D | rive, No. | Smithfield, | R.I |
| MICHELINE Y | . SAVINI | Secretary | Knollridge D | rive, No. | Smithfield, | R.I |
| ROGER A. SA | | Treasurer | Knollridge D | rive, No. | Smithfield, | R.I |
| Seventh | : Number of | Shares authoriz | e d : | | · Value ement that | |
| No. of Shar | res | Class | Series | | re without value | |
| 600 | Co | ommon | | Without | Par Value | |
| Еіднтн: | Number of | Shares issued: | | | r Value ement that | |
| No. of Shar | res | Class | Series | | are without | |
| 100 | C | nommo | ≠ 21 | Appen | Value | |
| Dated: Marc | h /, | 1982 | SAVINI'S (Name of Corporation | · | /' STAURANT, INC | Ξ. |
| | | В | Rogen A. | Savini | ت ر | |
| | | Ti | tle President | | affinar) | |
| | | L | (Hepon must b | o signed by an | oincer) | |
| | | | | | | |

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for Information. 277-3040 Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT OF

SAVINI'S FAMILY RESTAURANT, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is

SAVINI'S FAMILY RESTAURANT, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND.

THIRD: The address of its registered office in Rhode Island is 1625 Diamond Hill Road, Woonsocket, Rhode Island 02895 and the name of its registered agent in Rhode Island at such address is William J. O'Coin, Jr. Esquire

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is to own, conduct, manage, operate, maintain and carry on the business of a cafe, tavern, pub and general restaurant business.

SIXTH: The names and respective addresses of its directors and officers are:

Name Office Address

ROGER A. SAVINI Director Knollridge Drive, No. Smithfield, R. I.

MICHELINE Y. SAVINI Director Knollridge Drive, No. Smithfield, R. I.

WILLIAM J. O'COIN, JR. Director 40 Metcalf Drive, Cumberland, R. I.

Director Director

Director

ROGER A. SAVINI President Knollridge Drive, No. Smithfield, R.I MICHELINE Y. SAVINI Vice President Knollridge Drive, No. Smithfield, R.I MICHELINE Y. SAVINI Secretary Knollridge Drive, No. Smithfield, R.I

ROGER A. SAVINI Treasurer Knollridge Drive, No. Smithfield, R.I

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series 1 | Pnr Value per Share or Statement that Shares are without Par Value |
|---------------------|--------|----------|-----------------------------------------------------------------------------|
| 600 | Common | 81 | Without Par Value |

.51016....1500

New Year

Form 31 11-80

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | <u>Class</u> | Series | Par Value per Share or Statement that Shares are without Par Value |
|---------------------|--------------|---------------|-----------------------------------------------------------------------------|
| | : . | • | · · · · · · · · · · · · · · · · · · · |
| 100 | Common | in the second | Without Par Value |
| : | • | . , | · · · · · · · · · · · · · · · · · · · |
| : | | : | • |

Dated February 79 81

SAVINI'S FAMILY RESTAURANT, INC.

(1)

lts President